Case 19-20916-jra Doc 1 Filed 04/10/19 Page 1 of 60

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF INDIANA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Kenyata First name Patrice Middle name Barnes Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | FKA Kenyatta Patrice Billingslea | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5165 | |

Debtor 1 Kenyata Patrice Barnes

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|---|---|--|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 233 Beacon Place Unit 1 | If Debtor 2 lives at a different address: | | | |
| | | Munster, IN 46321 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Lake | County | | | |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. | | | |
| | | Explain. (See 28 U.S.C. § 1408.) | Explain. (See 28 U.S.C. § 1408.) | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 3 of 60

| Deb | otor 1 Kenyata Patrice B | arnes | | | Case number (if known) | |
|-----|--|--------------------------------------|---|---|--|-----------------------------------|
| | | | | | | |
| Par | t 2: Tell the Court About | our Bankruptcy (| Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | f each, see <i>Notice Required by</i> age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing fo | r Bankruptcy |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | □ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| | | · | | | | |
| 8. | How you will pay the fee | about how order. If you a pre-printe | you may pay. Typic ur attorney is submi ed address. | ally, if you are paying the fee yo tting your payment on your beha | with the clerk's office in your local court of urself, you may pay with cash, cashier's calf, your attorney may pay with a credit car | heck, or money d or check with |
| | | | | Ilments. If you choose this optio (Official Form 103A). | n, sign and attach the Application for Indi | iduals to Pay |
| | | ☐ I request the but is not re | hat my fee be waiv equired to, waive yo | ved (You may request this option our fee, and may do so only if you | n only if you are filing for Chapter 7. By law ur income is less than 150% of the official installments). If you choose this option, y | poverty line that |
| | | | | | ial Form 103B) and file it with your petition | |
| 9. | Have you filed for | ■ No. | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | |
| | more years. | Distric | .t | When | Case number | |
| | | Distric | | When | | |
| | | Distric | t | When | Case number | |
| | | | | | | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Debto | г | | Relationship to you | |
| | | Distric | t | When | Case number, if known | |
| | | Debto | r | | Relationship to you | |
| | | Distric | t | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. Go to | o line 12. | | | |
| | | ☐ Yes. Has | your landlord obtain | ned an eviction judgment agains | t you? | |
| | | | No. Go to line 12 | 2. | | |
| | | | Yes. Fill out <i>Initia</i> this bankruptcy p | | ludgment Against You (Form 101A) and fi | le it as part of |
| | | | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 4 of 60

| Deb | otor 1 Kenyata Patrice B | arnes | | | Case number (if known) | |
|-----|---|--------------------------|---|------------------------------------|---|--|
| | <u> </u> | | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Own | as a Sole Proprie | tor | |
| | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | · | | |
| | business? | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a | ☐ Yes. | ranic | and location of bac | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | er, Street, City, Sta | te & ZIP Code | |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | е | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | in 11 U.S.C. 1116(1)(B). | | | a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | |
| | For a definition of small | No. | ı am n | ot filing under Char | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fil Code. | ling under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am fil | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is t | he hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | |
| | | | | | Number, Street, City, State & Zip Code | |
| | | | | | | |

Debtor 1 Kenyata Patrice Barnes

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 6 of 60

| Debtor 1 Kenyata Patrice Barnes | | | | Case number (if known) | | | |
|---------------------------------|--|----------------------|--|---|---|--|--|
| Part | Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | | r consumer debts? Consumer debts are de ersonal, family, or household purpose." | efined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | business debts? Business debts are debts are debts are debts are debts are debts. | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | u owe that are not consumer debts or busin | ess debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt | ■ Yes. | | 7. Do you estimate that after any exempt pro available to distribute to unsecured creditor | operty is excluded and administrative expenses rs? | | |
| | property is excluded and administrative expenses | | ■ No | | | | |
| | are paid that funds will be available for | | □Yes | | | | |
| | distribution to unsecured creditors? | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | ☐ 50,001-100,000 | | |
| | owe? | □ 100-1 | 99 | □ 10,001-25,000 | ☐ More than100,000 | | |
| | | □ 200-9 | 99 | | | | |
| 19. | How much do you | \$ 0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | □ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | 山 \$100,000,001 - \$500 million | Li More triari \$50 billiori | | |
| Part | Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I c | declare under penalty of perjury that the info | ormation provided is true and correct. | | |
| | | | | er 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | |
| | | | | id not pay or agree to pay someone who is a the notice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this | | |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, sp | pecified in this petition. | | |
| | | bankrupt and 3571 | cy case can result in fines u I. | ent, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | Kenyata | yata Patrice Barnes a Patrice Barnes e of Debtor 1 | Signature of Deb | otor 2 | | |
| | | Executed | d on April 10, 2019 | Executed on | | | |
| | | | MM / DD / YYYY | M | IM / DD / YYYY | | |
| | | | | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 7 of 60

| Debtor 1 | Kenyata Patrice Barnes | Case number (if known) | |
|----------|------------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Miguel F. Martinez Signature of Attorney for Debtor | Date | April 10, 2019 MM / DD / YYYY |
|--|---------------|----------------------------------|
| Miguel F. Martinez Printed name | | |
| Law Offices of Moseley & Martinez, LLC | | |
| 1559 E. 85th Ave. Merrillville, IN 46410 | | |
| Number, Street, City, State & ZIP Code Contact phone 219-472-8391 | Email address | office@mm-bklaw.com |
| 29012-49 IN Bar number & State | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 8 of 60

| Fill | in this information to identify your case: | | |
|---------------|---|-------------|-----------------------------|
| Deb | tor 1 Kenyata Patrice Barnes | | |
| Dak | First Name Middle Name Last Name | | |
| | tor 2 use if, filing) First Name Middle Name Last Name | | |
| Uni | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | |
| Cas (if kn | e number | ☐ Che | ck if this is an |
| | | ame | ended filing |
| | | | |
| | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible | for supply | 12/15 |
| info | mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen | | |
| | original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | 1: Summarize Your Assets | | |
| | | | assets e of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | · |
| ••• | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 16,226.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 16,226.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | Your | liabilities |
| | | | unt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 15,376.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$_ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 22,625.00 |
| | | | |
| | Your total liabilities | š \$ | 38,001.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) | | |
| 4. | Copy your combined monthly income from line 12 of Schedule I | \$ | 2,305.89 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,455.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y | our other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | r a person | al, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules. | is box and | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 9 of 60

Debtor 1 Kenyata Patrice Barnes

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,270.49

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 13,982.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 13,982.00 |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 10 of 60

| | | Ous | .0 10 20 | 010 jia 2001 i | 1100 0-1/10/10 | - age 10 or 00 | | |
|---------------------|---|---|--------------------------------|---|--|--|---------------------|--|
| Fill in | this inf | ormation to identify | your case a | nd this filing: | | | | |
| Debto | or 1 | Kenyata Patr | ice Barnes | 5 | | | | |
| D . I | 0 | First Name | | Middle Name | Last Name | | | |
| Debto (Spouse | or 2 e, if filing) | First Name | | Middle Name | Last Name | | | |
| United | d States | Bankruptcy Court for t | the: NORT | THERN DISTRICT OF INDIA | ANA | | | |
| | | , , | - | | | | | |
| Case | number | | | | | | | Check if this is an amended filing |
| | | | | | | | | ag |
| Offi. | cial E | orm 106A/B | | | | | | |
| _ | | _ | | | | | | |
| | | ıle A/B: Pr | | | | | | 12/15 |
| think it informa | fits best. ation. If m r every qu | Be as complete and a nore space is needed, a nestion. | ccurate as po ttach a separ | List an asset only once. If an ossible. If two married people rate sheet to this form. On the | are filing together, both are top of any additional page | e equally responsible for | or supply | ring correct |
| Part 1 | Descri | be Each Residence, Bu | ilding, Land, | or Other Real Estate You Ow | n or Have an Interest In | | | |
| 1. Do y | you own o | or have any legal or equ | uitable interes | st in any residence, building, | land, or similar property? | | | |
| | No. Go to I | Part 2. | | | | | | |
| □ Y | es. Wher | e is the property? | | | | | | |
| Part 2 | Descri | be Your Vehicles | | | | | | |
| | rs, vans, No | trucks, tractors, spo | • | report it on Schedule G: Ex hicles, motorcycles | | .o.p.n.ca 20000 | | |
| 3.1 | Make: | Hyundai | | Who has an interest in the | property? Check one | Do not deduct secur the amount of any se | | |
| | Model: | Sonata | | Debtor 1 only | | Creditors Who Have | | |
| | Year: | 2016 | 40450 | Debtor 2 only | | Current value of the | | urrent value of the |
| | | nate mileage: ormation: | 42150 | ☐ Debtor 1 and Debtor 2 or ☐ At least one of the debto |) | entire property? | pc | ortion you own? |
| | Lien H | eld by Exeter | | — At least one of the debto | | ¢42.250.0 | 0 | £42.250.00 |
| | | based on www.kbl Condition) | b.com | ☐ Check if this is commu (see instructions) | nity property | \$13,250.0 | | \$13,250.00 |
| | Location | on: 233 Beacon Pl | ace | | | | | |
| | Unit 1, | Munster IN 46321 | | | | | | |
| | <i>mples:</i> B No | , | , | nd other recreational vehic stercraft, fishing vessels, sno | , | | | |
| | | | | n for all of your entries fro that number here | | | | \$13,250.00 |
| | | be Your Personal and | | | na itoma? | | C | ont value of the |
| ьо ус | ou own (| or nave any legal or 6 | equitable in | terest in any of the followi | ing items ? | | port Do n | rent value of the ion you own? not deduct secured ns or exemptions. |

| D | ebtor 1 | Kenyata Patr | ice Barnes | Case number | (if known) |
|-----|------------------|---|--|--------------------|---|
| 6. | Example ☐ No | old goods and fues: Major appliand | urnishings ces, furniture, linens, china, kitchenware | | |
| | ■ Yes. | Describe | | | |
| | | | Various household goods & furnishings (appliances, fu utensils, kitchenware, etc.) Location: 233 Beacon Place Unit 1, Munster IN 46321 | ırniture, | \$1,500.00 |
| | | | | | |
| 7. | Electron Example | es: Televisions ar | nd radios; audio, video, stereo, and digital equipment; computers, pri phones, cameras, media players, games | inters, scanners | ; music collections; electronic devices |
| | ☐ Yes. | Describe | | | |
| 8. | | | figurines; paintings, prints, or other artwork; books, pictures, or other ins, memorabilia, collectibles | r art objects; sta | mp, coin, or baseball card collections; |
| | Yes. | Describe | | | |
| | | | | | ! |
| | | | Various books, CD's, DVD's, pictures, wall hangings, ar collectibles | rtistry & | |
| | | | Location: 233 Beacon Place Unit 1, Munster IN 46321 | | \$250.00 |
| Э. | Example No | ent for sports an es: Sports, photog musical instru Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables, | golf clubs, skis | ; canoes and kayaks; carpentry tools; |
| 10. | ■ No | oles: Pistols, rifles | , shotguns, ammunition, and related equipment | | |
| | ☐ Yes. | Describe | | | |
| 11. | □ No · | oles: Everyday clo | thes, furs, leather coats, designer wear, shoes, accessories | | |
| | ■ Yes. | Describe | | | |
| | | | Personal used clothing, footwear & outerwear Location: 233 Beacon Place Unit 1, Munster IN 46321 | | \$500.00 |
| 12. | □ No | | velry, costume jewelry, engagement rings, wedding rings, heirloom je | ewelry, watches | s, gems, gold, silver |
| | | | Costume jewelry, watches, rings, etc. Location: 233 Beacon Place Unit 1, Munster IN 46321 | | \$500.00 |
| 13. | | rm animals oles: Dogs, cats, b | pirds, horses | | |

☐ No

Yes. Describe.....

| Debtor 1 | Kenyata Pat | rice Ba | rnes | Case number (if know | vn) |
|-----------------------------------|---|------------------------|--|---|---|
| | | Cat (fe | estic dog (canis lu elis catus) | ipus familiaris) Place Unit 1, Munster IN 46321 | \$1.00 |
| | | Locat | ion: 233 Beacon | Place Unit 1, Munister in 40321 | |
| ■ No | other personal an | | • | not already list, including any health aids you did not list | t |
| | | | • | art 3, including any entries for pages you have attached | \$2,751.00 |
| Part 4: | Describe Your Finan | cial Asse | ts | | |
| Do you | own or have any l | egal or e | equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | mples: Money you l | · | our wallet, in your ho | ome, in a safe deposit box, and on hand when you file your pe | etition |
| | | | | Personal Spending Cash | \$100.00 |
| Exai | , | | | ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name: | ge houses, and other similar |
| | | 17.1. | Checking | Checking Account with: Chase | \$100.00 |
| | | 17.2. | Checking | Checking Acct: Langley Credit Union | \$25.00 |
| Exai ■ No | is, mutual funds, mples: Bond funds, | | | okerage firms, money market accounts | |
| 19. Non- | | ock and | | orated and unincorporated businesses, including an inte | rest in an LLC, partnership, and |
| | s. Give specific inf | | about them me of entity: | % of ownership: | |
| Neg Non ■ No | otiable instruments | include nents are | personal checks, cas those you cannot tra | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. unsfer to someone by signing or delivering them. | |
| <u> </u> | o. Olve specille illic | | uer name: | | |
| 21. Retir <i>Exai</i> □ No | ement or pension mples: Interests in I | accoun | ts SA, Keogh, 401(k), 4 | 103(b), thrift savings accounts, or other pension or profit-shari | ing plans |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 13 of 60

| Debtor 1 | Kenyata Patrice Barnes | | Case number (if known) | |
|--|--|--|---------------------------------|---|
| ■ Yes. | List each account separately. Type of accounts | unt: Institution name: | | |
| | | 401(k) Through Employer | | Unknown |
| | | Pension Plan Through Empl | oyer | Unknown |
| Your s | | ave made so that you may continue service or use from the prepaid rent, public utilities (electric, gas, water), telectric, gas, gas, gas, gas, gas, gas, gas, gas | | others |
| ■ No □ Yes. | | Institution name or individual: | | |
| 23. Annuit | ties (A contract for a periodic payr | ment of money to you, either for life or for a number of | vears) | |
| ■ No | | | , , | |
| ☐ Yes. | | · | | |
| | ts in an education IRA, in an acc. C. §§ 530(b)(1), 529A(b), and 529 | count in a qualified ABLE program, or under a qua P(b)(1). | lified state tuition program. | |
| ☐ Yes. | Institution name ar | nd description. Separately file the records of any intere | ests.11 U.S.C. § 521(c): | |
| ■ No | s, equitable or future interests in | property (other than anything listed in line 1), and | rights or powers exercisab | le for your benefit |
| Exam _l ■ No — | | e secrets, and other intellectual property sites, proceeds from royalties and licensing agreemen nem | ts | |
| | ses, franchises, and other gener ples: Building permits, exclusive li | ral intangibles censes, cooperative association holdings, liquor licens | es, professional licenses | |
| | Give specific information about the | nem | | |
| Money or | property owed to you? | | p D | current value of the ortion you own? to not deduct secured laims or exemptions. |
| 28. Tax re f | funds owed to you | | | |
| Yes. | Give specific information about the | em, including whether you already filed the returns an | d the tax years | |
| | | State & Federal Income Tax Refunds for current year and all prior years | Federal, State and Local | Unknown |
| | | Earned Income Credit portion of State & Federal Income Tax Refunds for current year and all prior years | Federal | Unknown |
| 29. Family Exam _l ■ No | | ny, spousal support, child support, maintenance, divord | ce settlement, property settlen | nent |

☐ Yes. Give specific information.....

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 14 of 60

| Debtor 1 | Kenyata Patrice Barnes | Case number (if known) | |
|---------------------|--|--|----------------------------|
| | r amounts someone owes you nples: Unpaid wages, disability insurance payments, disabil benefits; unpaid loans you made to someone else | lity benefits, sick pay, vacation pay, workers' compensa | ntion, Social Security |
| ■ Yes | s. Give specific information | | |
| | 75% of Debtor(s)' Ea | rned but Unpaid Wages | Unknown |
| <i>Exam</i> □ No | ests in insurance policies nples: Health, disability, or life insurance; health savings acc | | |
| ■ Yes | s. Name the insurance company of each policy and list its va Company name: | alue. Beneficiary: | Surrender or refund value: |
| | Term Life Insurance Policy th Employer -No Cash Surrender Value | nrough: | \$0.00 |
| If you some | nterest in property that is due you from someone who he are the beneficiary of a living trust, expect proceeds from a cone has died. So Give specific information. | | e property because |
| <i>Exam</i> ■ No | ns against third parties, whether or not you have filed a nples: Accidents, employment disputes, insurance claims, on the control of the cont | | |
| 34. Other No | contingent and unliquidated claims of every nature, in | cluding counterclaims of the debtor and rights to se | et off claims |
| ☐ Yes | s. Describe each claim | | |
| ■ No | inancial assets you did not already list s. Give specific information | | |
| | I the dollar value of all of your entries from Part 4, included the Part 4. Write that number here | | \$225.00 |
| Part 5: D | escribe Any Business-Related Property You Own or Have an Ir | nterest In. List any real estate in Part 1. | |
| | I own or have any legal or equitable interest in any business-re | elated property? | |
| _ | Go to line 38. | | |
| | Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interest In. | |
| ■ No | ou own or have any legal or equitable interest in any far o. Go to Part 7. es. Go to line 47. | m- or commercial fishing-related property? | |

Schedule A/B: Property

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

Official Form 106A/B

page 5

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 15 of 60

| Del | Kenyata Patrice Barnes | | Case number (if known) | |
|-----|---|----------------|------------------------------|-------------|
| 53. | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | ? | | |
| ı | No | | | |
| [| ☐ Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write the | at number here | | \$0.00 |
| Par | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$13,250.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$2,751.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$225.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$16,226.00 | Copy personal property total | \$16,226.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$16.226.00 |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 16 of 60

| Fi | II in this inforn | nation to identify your case: | | | | Ī | | |
|--|--|--|--|--|---|---|--|--|
| | ebtor 1 | Kenyata Patrice Barnes | 3 | | | | | |
| _ | - h. t O | | Middle Name | l | Last Name | | | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | l | _ast Name | | | |
| Ur | nited States Bai | nkruptcy Court for the: NOR | THERN DISTRICT OF | INDIA | ANA | | | |
| Ca | ase number | | | | | | | |
| (if I | known) | | | | | | Check if this is an amended filing | |
| _ | · · · · · | 1000 | | | | _ | amenaea ming | |
| | fficial Fo | | | | | | | |
| S | chedule | e C: The Prope | rty You Cla | ıim | as Exempt | | 4/19 | |
| For special sp | property you liceded, fill out and se number (if known and se number (if known and se number (if known and se number dollar and y applicable state) The applicable art 1: Identificable art 1: Identi | sted on Schedule A/B: Property dattach to this page as many crown). property you claim as exempt nount as exempt. Alternativel atutory limit. Some exemption nlimited in dollar amount. Ho articular dollar amount and the statutory amount. y the Property You Claim as exemptions are you claiming aiming state and federal nonbar | c (Official Form 106A/B) opies of Part 2: Addition t, you must specify the y, you may claim the f ns—such as those for wever, if you claim an ne value of the propert Exempt 1? Check one only, even the propert of the | e ame full far heal n exer ty is o | , , | One way o bing exemp benefits, an ue under a | kempt. If more space is pages, write your name and f doing so is to state a ted up to the amount of ad tax-exempt retirement law that limits the | |
| | ☐ You are cla | aiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | | on of the property and line on that lists this property | Current value of the portion you own | 1 | | Specific la | aws that allow exemption | |
| | | | Copy the value from Schedule A/B | | | | | |
| | | usehold goods & | \$1,500.00 | | \$1,500.00 | Va. Cod | e Ann. § 34-26(4a) | |
| | utensils, kit Location: 2 Munster IN | (appliances, furniture, tchenware, etc.) 33 Beacon Place Unit 1, 46321 nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | | oks, CD's, DVD's, | \$250.00 | | \$250.00 | Va. Cod | e Ann. § 34-4 | |
| | collectibles Location: 2 Munster IN | 33 Beacon Place Unit 1, | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | | sed clothing, footwear & | \$500.00 | | \$500.00 | Va. Cod | e Ann. § 34-26(4) | |
| | Munster IN | 33 Beacon Place Unit 1, 46321 nedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | | welry, watches, rings, etc | \$500.00 | | \$500.00 | Va. Cod | e Ann. § 34-4 | |
| | Location: 2 Munster IN | 33 Beacon Place Unit 1, 46321 | +200.00 | _ | 100% of fair market value, up to | | | |

Official Form 106C

any applicable statutory limit

Line from Schedule A/B: 12.1

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 17 of 60

| at allow exemption |
|--------------------|
| ı. § 34-4 |
| ı. § 34-4 |
| |
| |
| ո. § 34-4 |
| |
| n. § 34-4 |
| |
| ո. § 34-4 |
| |
| n. § 34-34 |
| |
| n. § 34-34 |
| |
| n. § 34-4 |
| |
| n. § 34-26(9) |
| |
| 673 |
| |
| n. § 38.2-3122 |
| |
| 1 |

| | | Case | 19-20916-jia Duc | 1 Filed 04/1 | 10/19 Page 1 | .8 01 00 | |
|-----------------|-------------------------------------|---|--|-----------------------|--|--|-------------------------------|
| Fill i | n this informatio | n to identify you | ır case: | | | | |
| Debt | tor 1 K | Cenyata Patrice | Barnes | | | | |
| | | rst Name | Middle Name | Last Name | | | |
| Debt (Spou | | rst Name | Middle Name | Last Name | | | |
| Unite | ed States Bankrup | otcy Court for the: | NORTHERN DISTRICT C | F INDIANA | | | |
| Case (if kno | e number wn) | | | | | _ | c if this is an ded filing |
| Offi | cial Form 10 | 06D | | | | | |
| | | | Who Have Clain | ns Secured | by Propert | y | 12/15 |
| is nee | | | If two married people are filing to out, number the entries, and atta | | | | |
| | any creditors have | claims secured by | vour property? | | | | |
| _ | _ | • | his form to the court with your | other schedules. Yo | ou have nothing else to | o report on this form. | |
| _ | Yes. Fill in all o | | ŕ | | ra nave neumig elec t | o repert err une remm | |
| | | | Delow. | | | | |
| Part | | cured Claims | | Pr | Column A | Column B | Column C |
| for ea | ach claim. If more th | nan one creditor has | more than one secured claim, list the particular claim, list the other creal order according to the creditor's | editors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Exeter Financ | e Corp | Describe the property that sec | ures the claim: | \$15,376.00 | \$13,250.00 | \$2,126.00 |
| | Creditor's Name | | 2016 Hyundai Sonata 42 Lien Held by Exeter Value based on www.kk (Good Condition) Location: 233 Beacon P | ob.com | | | |
| | | | Munster IN 46321 | 1400 01111 1, | | | |
| | Po Box 16600 Irving, TX 750 | | As of the date you file, the clai apply. | m is: Check all that | | | |
| | Number, Street, City, | | ☐ Contingent☐ Unliquidated | | | | |
| Who | owes the debt? | · | ☐ Disputed Nature of lien. Check all that a | pply. | | | |
| | ebtor 1 only ebtor 2 only | | An agreement you made (succar loan) | | ured | | |
| □ D | ebtor 1 and Debtor 2 | | Statutory lien (such as tax lie | | | | |
| | t least one of the de | | Judgment lien from a lawsuit | | • | | |
| | heck if this claim recommunity debt | elates to a | Other (including a right to offs | set) Automobile | Loan | | |
| Date | debt was incurred | Opened 09/18 Last Active 2/27/19 | Last 4 digits of account | number 1001 | | | |
| | | | | | | | |
| Add | d the dollar value o | of your entries in C | olumn A on this page. Write that | t number here: | \$15,37 | 6.00 | |
| If th | his is the last page | of your form, add | the dollar value totals from all p | | \$15,37 | | |
| vvri | ite that number hei | e. | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Case 19-20 | 916-jia D0C1 | Filed 04/10/1 | 9 Page 19 | 01 60 | |
|---------------------|---|---|--|--|---|---|---------------------------------|
| F | l in this inforr | mation to identify your case: | | | | | |
| De | ebtor 1 | Kenyata Patrice Barne | s | | | | |
| | | First Name | Middle Name | Last Name | | | |
| 1 - | ebtor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | |
| `` | , 0, | | | | | | |
| Ur | lited States Ba | nkruptcy Court for the: NOF | RTHERN DISTRICT OF I | INDIANA | | | |
| | se number | | | | | | |
| (if k | (nown) | | | | | _ | if this is an led filing |
| ∩f | ficial Forn | n 106F/F | | | | | |
| | | /F: Creditors Who I | Have Unsecure | d Claims | | | 12/15 |
| Sch Sch left. | edule G: Execu edule D: Credit Attach the Cor | tracts or unexpired leases that co utory Contracts and Unexpired Le cors Who Have Claims Secured Le tinuation Page to this page. If yo mber (if known). | eases (Official Form 106G) y Property. If more space i | . Do not include any cre is needed, copy the Part | ditors with partially s you need, fill it out, | ecured claims that a number the entries in | re listed in n the boxes on the |
| Pa | rt 1: List A | II of Your PRIORITY Unsecur | ed Claims | | | | |
| 1. | Do any credito | ors have priority unsecured claim | ns against you? | | | | |
| | ☐ No. Go to F | Part 2. | | | | | |
| | Yes. | | | | | | |
| 2. | identify what ty possible, list th | r priority unsecured claims. If a c rpe of claim it is. If a claim has both the claims in alphabetical order account than one creditor holds a particular | priority and nonpriority amore rding to the creditor's name. | unts, list that claim here a If you have more than tw | nd show both priority a | nd nonpriority amoun | ts. As much as |
| | (For an explana | ation of each type of claim, see the | instructions for this form in t | the instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | SUPPO | | Last 4 digits of acco | ount number | Unknown | Unknown | Unknown |
| | Priority Cr | reditor's Name | When was the debt | incurred? | | | |
| | | | | | | - | |
| | | Street City State Zip Code d the debt? Check one. | | ile, the claim is: Check a | ill that apply | | |
| | _ | | ☐ Contingent | | | | |
| | Debtor 1 o | • | ☐ Unliquidated | | | | |
| | Debtor 2 o | • | ☐ Disputed | | | | |
| | Debtor 1 a | and Debtor 2 only | Type of PRIORITY u | insecured claim: | | | |
| | At least or | ☐ At least one of the debtors and another ☐ Domestic support obligations | | | | | |
| | ☐ Check if t | ☐ Check if this claim is for a community debt ☐ Taxes and certain | | | | | |
| | | subject to offset? | | or personal injury while yo | u were intoxicated | | |
| | ■ No □ Yes | | Other. Specify _ | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 20 of 60

| De | btor 1 Kenyata Patrice Barnes | Case number | (if known) | | |
|-----|--|--|---------------------|-------------------------|-----------------|
| 2.2 | Indiana Department of Revenue Priority Creditor's Name | Last 4 digits of account number | Unknown | Unknown | Unknown |
| | PO Box 0595 | When was the debt incurred? | | | |
| | Indianapolis, IN 46206 Number Street City State Zip Code | As of the date you file the claim in Charles II that a | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that ap | рріу | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | , | ☐ Unliquidated | | | |
| | Debtor 2 only | Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the government | | | |
| | Is the claim subject to offset? | Claims for death or personal injury while you were in | ntoxicated | | |
| | ■ No □ Yes | Other. Specify | | | |
| | □ Yes | raxes | | | |
| 2.3 | Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| | P.O. Box 7346 Philadelphia, PA 19101 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that ap | pply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | \square At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the government | nent | | |
| | Is the claim subject to offset? | \square Claims for death or personal injury while you were i | ntoxicated | | |
| | ■ No | ☐ Other. Specify | | | |
| | Yes | Tax Arrearage | | | |
| 2.4 | IRS | Last 4 digits of account number | Unknown | Unknown | Unknown |
| | Priority Creditor's Name Centralized Insolvency Operation | When was the debt incurred? | | | |
| | PO Box 21126 | | | | |
| | Philadelphia, PA 19114-0326 Number Street City State Zip Code | As of the date you file, the claim is: Check all that ap | pply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | . , | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the government | nont | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while you were in | | | |
| | No | Other. Specify | on.oa.oa | | |
| | □Yes | Taxes | | | |
| | List All of Verry NONDDIODITY Has a see | and Olahura | | | |
| | rt 2: List All of Your NONPRIORITY Unsec | | | | |
| 3. | Do any creditors have nonpriority unsecured claim | | | | |
| | ☐ No. You have nothing to report in this part. Submit | this form to the court with your other schedules. | | | |
| | ■ Yes. | | | | |
| 4. | unsecured claim, list the creditor separately for each of | e alphabetical order of the creditor who holds each claim. For each claim listed, identify what type of claim it is r creditors in Part 3.If you have more than three nonpriority. | . Do not list claim | s already included in F | Part 1. If more |

Total claim

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 21 of 60

| Debto | 1 Kenyata Patrice Barnes | | Case number (if known) | | | | |
|-------|---|---|---|------------|--|--|--|
| 4.1 | Ad Astra Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 7021 | \$1,031.00 | | | |
| | 7330 West 33rd Street North Suite 118 Wichita, KS 67205 | When was the debt incurred? | Opened 05/18 Last Active 01/18 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Collection 169-Va | Attorney Speedycash.Com | | | | |
| 4.2 | Advance 24/7 Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | | | |
| | 3975 Hixson Pike Chattanooga, TN 37415 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Delinquent | Account | | | | |
| 4.3 | Advance America Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | | | |
| | 1642 E. 80th Ave Merrillville, IN 46410 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plane, and other similar debts | | | | |
| | ■ No | · | | | | | |
| | ☐ Yes | ■ Other, Specify Payday Loa | ans | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 22 of 60

| 1 Kenyata Patrice Barnes | Case number (if known) | |
|---|--|---|
| Advanced Technology Insititute | Last 4 digits of account number | \$0.00 |
| • • | When was the debt incurred? | |
| | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| _ | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Delinquent Account | |
| Paker Online c/o MMCC | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name | | φυ.υυ |
| 6324 Taylor Dr. | When was the debt incurred? | |
| | = | |
| | As of the date you file, the claim is: Check all that apply | |
| _ | _ | |
| _ | | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| _ | | |
| ■ No | | |
| Yes | Other. Specify Delinquent Account | |
| Centura College | Last 4 digits of account number | \$0.00 |
| | When was the debt incurred? | |
| | Then was the dest mounted. | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | - | |
| | | |
| _ | • | |
| | | |
| debt | | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other, Specify Delinquent Account | |
| | Advanced Technology Insititute Nonpriority Creditor's Name 944 Scott St Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Baker Online c/o MMCC Nonpriority Creditor's Name 6324 Taylor Dr. Flint, MI 48507 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Centura College Nonpriority Creditor's Name 932 Ventures Way Chesapeake, VA 23320 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 1 only Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community | Advanced Technology Institute Norpriority Creditor's Name 943 Scott St Norfolk, VA 23502 When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? Debtor 1 and Debtor 2 only |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 23 of 60

| Debto | ^{r 1} Kenyata Patrice Barnes | Case number (if known) | | | |
|-------|---|---|--------|--|--|
| 4.7 | Check into Cash | Last 4 digits of account number | \$0.00 | | |
| 4.7 | Nonpriority Creditor's Name | | φυ.υυ | | |
| | 423 81st Ave | When was the debt incurred? | | | |
| | Merrillville, IN 46410 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify Delinquent Account | | | |
| 4.0 | Ohanamarka Talla | Lord Addition of account recents | *** | | |
| 4.8 | Chesapeake Tolls Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | |
| | 306 Cedar Road | When was the debt incurred? | | | |
| | Chesapeake, VA 23322 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | _ | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Delinquent Account | | | |
| 4.9 | Community Health Center | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name | | Ψ0.00 | | |
| | 3900 Calhoun St Gary, IN 46408 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | | Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other Specify Delinquent Account | | | |
| | - - | — Onici. Opecity — | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 24 of 60

| Debto | r 1 Kenyata Patrice Barnes | | Case number (if known) | |
|-------|--|---|--|------------|
| 4.1 | Conserve | Last 4 digits of account number | 3636 | \$3,831.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept 200 Crosskeys Office Pard Fairport, NY 14450 | When was the debt incurred? | Opened 12/16 Last Active 10/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Collection | Attorney Bryant Stratton | |
| 4.1 | Cook County Health Center | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 2423 S. Austin Blvd. Cicero. IL 60804 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Delinquent | , | |
| 4.1 | | | | |
| 2 | Credit Control Corp | Last 4 digits of account number | <u>1792</u> | \$1,138.00 |
| | Po Box 120568 Newport News, VA 23612 | When was the debt incurred? | Opened 08/13 Last Active 2/24/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Collection A Other. Specify Of Tidewa | Attorney Emergency Physicians | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 25 of 60

| Debto | 1 Kenyata Patrice Barnes | | Case number (if known) | |
|-------|---|--|---|-------------|
| 4.1 | Debt Recovery Solution | Last 4 digits of account number | 7320 | \$0.00 |
| 3 | Nonpriority Creditor's Name Attn: Bankruptcy | Last 4 digits of account number | Opened 11/20/14 Last Active | Ψ0.00 |
| | 6800 Jericho Turnpike Suite 113e Syosset, NY 11791 | When was the debt incurred? | 6/02/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | O continuent | | |
| | Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | | Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | d Glaini. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | og plans, and other similar debts | |
| | Yes | Other Specify 11 Verizon | | |
| 4.1 | Futr Corp | Last 4 digits of account number | 0202 | \$0.00 |
| 4 | Nonpriority Creditor's Name | | | |
| | 3833 S Texas Ave Bryan, TX 77802 | When was the debt incurred? | Opened 8/02/17 Last Active 8/04/17 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify | | |
| | | Educationa | 1 | |
| 4.1 | | | | |
| 5 | Google Pay | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 1600 Amphitheatre Parkway Mountain View, CA 94043 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other Specify Delinquent | Account | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 26 of 60

| Debtor 1 Kenyata Patrice Barnes | | | | |
|---------------------------------|--|--|--|------------|
| 4.1 6 | Navy FCU | Last 4 digits of account number | 9234 | \$1,075.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 02/17 Last Active 6/21/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 7 | Navy FCU | Last 4 digits of account number | 9234 | \$1,075.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Morrifield VA 33110 | When was the debt incurred? | Opened 02/17 Last Active 10/18 | |
| | Merrifield, VA 22119 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Onward Credit | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 200 W. Jackson Blvd. STE 500 | When was the debt incurred? | | |
| | Chicago, IL 60606 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other Specify Delinguent | Account | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 27 of 60

| Debtor | 1 Kenyata Patrice Barnes | Case number (if known) | | | |
|--------|---|--------------------------------------|--|--------|--|
| 4.1 | | | | • | |
| 9 | Progressive Leasing | Last 4 digits of account number | | \$0.00 | |
| | Nonpriority Creditor's Name P.O. Box 413110 | When was the debt incurred? | | | |
| | Salt Lake City, UT 84141 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | · | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | □Yes | Other. Specify Delinquent | Account | | |
| 4.2 | Security Finance | | 0812 | \$0.00 | |
| 0 | Security Finance Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | |
| | Attn: Bankruptcy | | Opened 08/15 Last Active | | |
| | Po Box 1893 | When was the debt incurred? | 10/15 | | |
| | Spartanburg, SC 29304 | _ | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Unsecured | | | |
| 4.2 | Speedy Cash | Last 4 digits of account number | | \$0.00 | |
| 1 | Nonpriority Creditor's Name | | | Ψ0.00 | |
| | 848 E Sibley Blvd Dolton, IL 60419 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | - | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other Specify Payday Loa | nns | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 28 of 60

| Debto | Kenyata Patrice Barnes | Case number (if known) | | | | |
|----------|--|--|--|---------------|--|--|
| 4.2 | | | | | | |
| 2 | Sprint | Last 4 digits of account number | | \$0.00 | | |
| | Nonpriority Creditor's Name 6480 Sprint Pkwy | When was the debt incurred? | | | | |
| | Overland Park, KS 66251 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the olding | 3. Official and apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | _ | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | · | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Delinquent | Account | | | |
| 4.2 | Tallwood Apartments | | | \$0.00 | | |
| 3 | Tallwood Apartments Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | | |
| | 5705 Schoolhouse Rd. | When was the debt incurred? | | | | |
| | Virginia Beach, VA 23464 | _ | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | <u></u> | g plans, and other similar debts | | | |
| | ☐ Yes | □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Delinquent Account | | | | |
| | | - Other. Specify | | | | |
| 4.2 4 | US Dept of Education | Last 4 digits of account number | 1651 | \$0.00 | | |
| | Nonpriority Creditor's Name | | Opened 2/46/40 Leet Active | | | |
| | Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 2/16/10 Last Active 9/30/11 | | | |
| | Saint Paul, MN 55116 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaims | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | a ciaim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | <u> </u> | Debts to pension or profit-sharin | a plans, and other similar debts | | | |
| | ■ No | | g pians, and other similar debis | | | |
| | ☐ Yes | Other. Specify | | | | |

Educational

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 29 of 60

| Debto | r 1 Kenyata Patrice Barnes | | Case number (if known) | |
|----------|--|--|---|--------|
| 4.2 5 | US Dept of Education | Last 4 digits of account number | 8874 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 11/01/11 Last Active 5/10/13 | |
| | Saint Paul, MN 55116 Number Street City State Zip Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | | |
| 4.2 6 | US Dept of Education | Last 4 digits of account number | 8974 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 11/01/11 Last Active 5/10/13 | |
| | Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.2 7 | US Dept of Education | Last 4 digits of account number | 5074 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 2/16/10 Last Active 5/10/13 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | <u> </u> | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 30 of 60

| Debto | r 1 Kenyata Patrice Barnes | Case number (if known) | | | |
|----------|--|---|---|--------|--|
| 4.2 | US Dept of Education | Last 4 digits of account number | 4774 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 2/16/10 Last Active 5/10/13 | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | o. Oncor all that apply | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| | 00 | Educationa | ıl | | |
| 4.2 9 | US Dept of Education | Last 4 digits of account number | 4874 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 1/27/11 Last Active 5/10/13 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| | | Educationa | ıl | | |
| 4.3 0 | US Dept of Education Nonpriority Creditor's Name | Last 4 digits of account number | 4974 | \$0.00 | |
| | Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 1/27/11 Last Active 5/10/13 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar date. | | |
| | ■ No | ☐ Debts to pension or profit-sharin | y pians, and other similar debts | | |
| | Yes | ☐ Other. Specify | | | |
| | | Euucationa | ii | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 31 of 60

| Debt | or 1 Kenyata Patrice Barnes | | Case number (if known) | |
|----------|--|--|--|-------------|
| 4.3 1 | US Deptartment of Education/Great Lakes | Last 4 digits of account number | 8581 | \$13,982.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim is | Opened 02/10 Last Active 2/28/19 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | <u> </u> | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | 163 | Educationa | ı | |
| | | | - | |
| 4.3 2 | VDOT Central Office | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 1401 E. Broad St. | When was the debt incurred? | | |
| | Richmond, VA 23219 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Delinquent | Account | |
| 4.3 3 | Verizon | Last 4 digits of account number | 6804 | \$493.00 |
| | Nonpriority Creditor's Name Verizon Wireless Bk Admin 500 Technology Dr Ste 550 | When was the debt incurred? | Opened 06/12 | |
| | Weldon Springs, MO 63304 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | Other Specify Agriculture | | |
| | — 100 | = Oner Specify Agriculture | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 32 of 60

| Debtor | 1 K e | enyata I | Patrice Barnes | | Case nu | ımber (i | f known) | |
|---|----------------|-----------------------|--|---|--------------------|------------|-----------------------------|---------------------------|
| 4.3 | \ \ /~~ | dfaraat | t Notional Bonk | | | | | ¢0.00 |
| 4 | | | t National Bank ditor's Name | Last 4 digits of account nur | mber | | | \$0.00 |
| | | Box 78 | | When was the debt incurred | d? | | | _ |
| | | ng, TX | 77387 City State Zip Code | As of the data you file the | alaim ia. Chaal | all that | annly. | |
| | | | the debt? Check one. | As of the date you file, the | ciaim is: Check | an mac | арріу | |
| | | ebtor 1 onl | | ☐ Contingent | | | | |
| | | ebtor 2 onl | • | ☐ Unliquidated | | | | |
| | _ | | d Debtor 2 only | ☐ Disputed | | | | |
| | | | of the debtors and another | Type of NONPRIORITY unse | ecured claim: | | | |
| | _ | | s claim is for a community | ☐ Student loans | | | | |
| | debt | ieck ii tiii | s ciaini is ioi a community | ☐ Obligations arising out of | a separation ag | reement | or divorce that you did not | |
| | Is the | claim su | bject to offset? | report as priority claims | | | | |
| | ■ No |) | | ☐ Debts to pension or profit- | sharing plans, a | and othe | r similar debts | |
| | □ Ye | es | | Other. Specify Overdi | raft Charges | s | | = |
| 4.3 | Xfin | itv | | Last 4 digits of account nur | mher | | | \$0.00 |
| 5 | | - | ditor's Name | | | | <u> </u> | |
| | Meri | illville, | coln Hwy IN 46410 | When was the debt incurred | d? | | | - |
| | | | City State Zip Code the debt? Check one. | As of the date you file, the o | claim is: Check | all that | apply | |
| | ■ De | ebtor 1 onl | ly | ☐ Contingent | | | | |
| | □ De | ebtor 2 onl | ly | ☐ Unliquidated | | | | |
| | □ De | ebtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At | least one | of the debtors and another | Type of NONPRIORITY unse | ecured claim: | | | |
| | □ сн | neck if thi | s claim is for a community | ☐ Student loans | | | | |
| | debt Is the | claim su | bject to offset? | Obligations arising out of a report as priority claims | a separation ag | reement | or divorce that you did not | |
| | ■ No |) | | ☐ Debts to pension or profit- | sharing plans, a | and othe | r similar debts | |
| | □ Ye | es | | Other. Specify Delinq | uent Accou | ınt | | - |
| Part 3: | Lis | st Others | s to Be Notified About a D | ebt That You Already Listed | | | | |
| is tryii have i | ng to d | ollect fro | m you for a debt you owe to | l about your bankruptcy, for a debt someone else, list the original cred nat you listed in Parts 1 or 2, list the or submit this page. | litor in Parts 1 | or 2, the | n list the collection agenc | y here. Similarly, if you |
| Name a | | | 10 | On which entry in Part 1 or Part 2 d | lid you list the o | riginal cr | editor? | |
| | | e Unite al Plaza | d States Attorney | Line 2.3 of (Check one): | | | with Priority Unsecured Cla | |
| Suite | 1500 | IN 463 | | | ☐ Part 2: (| Creditors | with Nonpriority Unsecured | Claims |
| - I I I I I I I I I I I I I I I I I I I | iona, | 114 403 | | Last 4 digits of account number | | | | |
| Name a | | | | On which entry in Part 1 or Part 2 d | lid you list the o | riginal cr | editor? | |
| | | | orney General Ave., NW | Line 2.3 of (Check one): | | | with Priority Unsecured Cla | |
| | | | 0530-0001 | | ☐ Part 2: (| Creditors | with Nonpriority Unsecured | Claims |
| | ŭ | , | | Last 4 digits of account number | | | | |
| Part 4: | Ac | ld the Aı | mounts for Each Type of l | Jnsecured Claim | | | | |
| | | ounts of cured cla | | laims. This information is for statis | tical reporting | purpos | es only. 28 U.S.C. §159. Ad | d the amounts for each |
| | | | | | | | Total Claim | |
| | Total | 6a. | Domestic support obligatio | ns | 6a. | \$ | 0.00 | - |
| cla from P | aims Part 1 | 6b. | Taxes and certain other del | ots you owe the government | 6b. | \$ | 0.00 | |

Official Form 106 E/F

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 33 of 60

Debtor 1 Kenyata Patrice Barnes Case number (if known) Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 13,982.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 8,643.00 6j. Total Nonpriority. Add lines 6f through 6i. 6j. 22,625.00

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 34 of 60

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|-----------------------|
| Debtor 1 | Kenyata Patrice E | Barnes | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| - 1 | Person or | Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|--|---------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | • | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 35 of 60

| | Case | 10 20010 jia 100 | 0 1 11100 0-710 | 715 Tage 00 (| 31 00 |
|------------------------------|--|---|-------------------------------|---|---|
| Fill in this | s information to identify you | case: | | | |
| Debtor 1 | Kenyata Patrice | | | | |
| D 1 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| Officia | ll Form 106H | | | | |
| | dule H: Your Cod | lebtors | | | 12/15 |
| fill it out, a your name | | e boxes on the left. Attact). Answer every question | h the Additional Page t i. | o this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| ■ No | | | | | |
| | thin the last 8 years, have yona, California, Idaho, Louisiana | | | | y states and territories include |
| | . Go to line 3. s. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | | |
| in line Form | e 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | sure you have listed the | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | Schedule D, lin | e |
| | Name | | | ☐ Schedule E/F,☐ ☐ Schedule G. lin | |
| _ | Number Street | | | — Scriedule G, IIII | e |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lin | e |
| | Name | | | ☐ Schedule E/F, | ine |
| _ | | | | ☐ Schedule G, lin | e |
| | Number Street City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | | | | | |
|---------------------------------|--|-------------------------------|---|-----------|------------------|---|--------------------------------|--------------------------------|--|--|
| Debtor 1 Kenyata Patrice Barnes | | | | | | | | | | |
| | otor 2 | | | | - | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF INDIANA | | _ | | | | | |
| Case number ((f known) | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: | | | | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | /YYY | | | |
| S | chedule I: Your Inc | ome | | | | | | 12/15 | | |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your sp th you, do not include | ouse is | living wation ab | ith you, incl out your spe | ude informati ouse. If more | on about your space is needed, | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | _ ' , | | | ☐ Employed ☐ Not employed | | | |
| | employers. | Occupation | Truck Driver | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Schneider National Carriers | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | PO Box 2545 Green Bay, WI 543 | | | | | | | |
| | | How long employed to | here? 5 months | s | | | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to rep | ort for a | ıny line, v | vrite \$0 in the | space. Includ | e your non-filing | | |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information f | or all e | mployers | for that perso | on on the lines | below. If you need | | |
| | | | | | For | Debtor 1 | For Debtor | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 1,825.15 | \$ | N/A | | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **1,825.15**

N/A

| Debtor 1 | Kenyata Patrice Barnes | _ | Case n | number (<i>if known</i>) | | | |
|--------------------|--|---------|--------|----------------------------|-------|---------------|-----------------|
| | | | | | | | |
| | | | For I | Debtor 1 | For D | Debtor 2 or | |
| | | | | | non- | filing spouse | |
| Co | ppy line 4 here | 4. | \$ | 1,825.15 | \$ | N/A | - |
| 5. Li | st all payroll deductions: | | | | | | |
| 5a | | 5a. | \$ | 301.26 | \$ | N/A | |
| 5b | • | 5b. | \$ | 0.00 | \$ | N/A | - |
| 50 | | 5c. | \$ | 0.00 | \$ | N/A | - |
| 50 | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | • |
| 5e | . Insurance | 5e. | \$ | 0.00 | \$ | N/A | - |
| 5f. | • | 5f. | \$ | 0.00 | \$ | N/A | _ |
| 5g | | 5g. | \$ | 0.00 | \$ | N/A | _ |
| 5h | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | - |
| 6. A | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 301.26 | \$ | N/A | - |
| 7. C a | Ilculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,523.89 | \$ | N/A | - |
| 8. Li 8a | | | | | | | |
| | profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| | receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | _ |
| 8b | | 8b. | \$ | 0.00 | \$ | N/A | _ |
| 80 | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce | • | • | | • | | |
| 0- | settlement, and property settlement. | 8c. | \$ | 782.00 | \$ | N/A | - |
| 80 | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 8d. | \$ | 0.00 | \$ | N/A N/A | - |
| 8e 8f | • | 8e. | Φ | 0.00 | Φ | IN/A | _ |
| OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |) | | | | | |
| | Specify: | 8f. | \$ | 0.00 | \$ | N/A | _ |
| 80 | | 8g. | \$ | 0.00 | \$ | N/A | _ |
| 8h | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | - |
| 9. A | dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 782.00 | \$ | N/A | A . |
| 10. C a | Ilculate monthly income. Add line 7 + line 9. | 10. \$ | 2 | 2,305.89 + \$ | | N/A = \$ | 2,305.89 |
| | ld the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | 2,000.00 |
| In ot Do | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | |
| W | Id the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certain plies | | | | | 12. \$ | 2,305.89 |
| | | | | | | Combir | ned v income |
| 13. D o | you expect an increase or decrease within the year after you file this form No. | ? | | | | montni | y micome |
| | Yes. Explain: Debtor has been on sick leave with no emp,oyme | ent ind | come | since Feb. 2, | 2019 | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify ye | our case: | | | | | |
|------|---------------------------------|---|----------------|--|--|--------------|--|---|
| | otor 1 | Kenyata Pat | | es | | Che | eck if this is: | |
| | | itenyata i at | nec Ban | | | | An amended filing | |
| | otor 2 ouse, if filing) | | | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| `` | | untou Count for the | NODTL | IEDNI DISTRICT OF INDIA | ANIA | | MM / DD / YYYY | |
| Unit | ed States Bankr | uptcy Court for the | : NORTE | IERN DISTRICT OF INDIA | ANA | | MMI/DD/YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | | | | | | 12/15 |
| info | ormation. If m | | eded, atta | . If two married people ar ch another sheet to this n. | | | | |
| Par | t 1: Descr | ibe Your House | ehold | | | | | |
| 1. | Is this a joir | nt case? | | | | | | |
| | ■ No. Go to | | : | ata hawaahaldO | | | | |
| | ⊔ Yes. Doe | | ın a separ | ate household? | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of Del | btor 2. | |
| 2. | | e dependents? | □ No | , , | • | | | |
| ۷. | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 4 | Yes |
| | | | | | Davishtan | | • | □ No |
| | | | | | Daughter | | | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other t d your depende | han _ | No Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Monthi | y Expenses | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucl ficial Form 10 | | d have inc | cluded it on Schedule I: \ | our Income | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 950.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner' | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | | | ipkeep expenses | | 4c. | : | 0.00 |
| F | | owner's associa | | | mo oquity losses | 4d. | | 0.00 |
| 5. | Additional r | ποιτgage paym | ents for yo | our residence, such as ho | me equity loans | 5. | Φ | 0.00 |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 39 of 60

| Debtor 1 | Kenyata Patrice Barnes | Case num | ber (if known) | |
|-------------------------|---|--------------|----------------|--------------------------|
| S. Utilit | ins | | | |
| 6. Utilit 6a. | les: Electricity, heat, natural gas | 6a. | \$ | 165.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 0.00 |
| 6d. | Other. Specify: At&T Cable TV & Cell Phones | 6d. | · | 150.00 |
| | I and housekeeping supplies | ou. | · | |
| | | | · | 400.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | ning, laundry, and dry cleaning | 9. | \$ | 140.00 |
| | onal care products and services | 10. | \$ | 50.00 |
| | cal and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 75.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | itable contributions and religious donations | 14. | | 0.00 |
| 5. Insu i | • | | T | 0.00 |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | · | 75.00 |
| | Other insurance. Specify: | 15d. | · · | 0.00 |
| | ss. Do not include taxes deducted from your pay or included in lines 4 or 20. | | — | 0.00 |
| Spec | ify: | 16. | \$ | 0.00 |
| | Illment or lease payments: | 170 | • | 450.00 |
| | Car payments for Vehicle 1 | 17a. | · | 450.00 |
| | Car payments for Vehicle 2 | 17b. | | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | \$ | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | 19. | — | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | | our Income | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | · | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20d. 20e. | · | |
| | | | * | 0.00 |
| | r: Specify: | 21. | + \$ | 0.00 |
| | ulate your monthly expenses | | <u></u> | 0.455.00 |
| | Add lines 4 through 21. | | \$ | 2,455.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,455.00 |
| 3. Calc | ulate your monthly net income. | | L | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,305.89 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 2,455.00 |
| | | | · | 2,700.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | 00. | ¢ | -149.11 |
| | The result is your monthly net income. | 23c. | \$ | -149.11 |
| 24. Do v | ou expect an increase or decrease in your expenses within the year after yo | ou file this | form? | |
| For ex | xample, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of a |
| | ication to the terms of your mortgage? | | | |
| ■ N | 0. | | | |
| □ Ye | es. Explain here: | | | |

| Fill in t | his information to identify you | ır case: | | | |
|--------------------------------|--|---|---|--|--|
| Debtor | 1 Kenyata Patrice | Barnes | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor | | | | | |
| (Spouse i | f, filing) First Name | Middle Name | Last Name | | |
| United | States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF INDIANA | | |
| Case n | umber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | narried people are filing togeth | | onsible for supplying correc | ct information. | |
| obtainiı | | I in connection with a bar | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| obtainiı | ng money or property by frauc | I in connection with a bar | | | |
| obtainii years, c | ng money or property by frauc or both. 18 U.S.C. §§ 152, 1341 | I in connection with a bar , 1519, and 3571. | nkruptcy case can result in f | fines up to \$250,00 | |
| obtainii years, c | ng money or property by frauc or both. 18 U.S.C. §§ 152, 1341 Sign Below | I in connection with a bar , 1519, and 3571. | nkruptcy case can result in f | fines up to \$250,00 | |
| obtainii years, c | sign Below Sign both agree to pay son | I in connection with a bar , 1519, and 3571. | nkruptcy case can result in f | fines up to \$250,00 | |
| obtainii years, c | Sign Below No No | I in connection with a bar , 1519, and 3571. | nkruptcy case can result in f | ines up to \$250,00 nkruptcy forms? Attach Ban | 00, or imprisonment for up to 20 |
| obtainii years, c Di | sign Below Sign Below d you pay or agree to pay son No Yes. Name of person der penalty of perjury, I declar at they are true and correct. /s/ Kenyata Patrice Barne | I in connection with a bar, 1519, and 3571. neone who is NOT an atterned the sur | nkruptcy case can result in formey to help you fill out bar mmary and schedules filed v | Attach Band Declaration | No, or imprisonment for up to 20 kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| obtainii years, c Di | sign Below Sign Below d you pay or agree to pay son No Yes. Name of person der penalty of perjury, I declar at they are true and correct. /s/ Kenyata Patrice Barnes Kenyata Patrice Barnes | I in connection with a bar, 1519, and 3571. neone who is NOT an atterned the sur | nkruptcy case can result in f | Attach Band Declaration | No, or imprisonment for up to 20 kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| obtainii years, c Di | sign Below Sign Below d you pay or agree to pay son No Yes. Name of person der penalty of perjury, I declar at they are true and correct. /s/ Kenyata Patrice Barne | I in connection with a bar, 1519, and 3571. neone who is NOT an atterned the sur | nkruptcy case can result in formey to help you fill out bar mmary and schedules filed v | Attach Band Declaration | No, or imprisonment for up to 20 kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |

| H | l in this inform | nation to identify you | ır c2c0: | | | | | | |
|---------------|----------------------------------|--|---------------------|---|---------------------------------------|------------------|--|------------|---|
| | | | | | | | | | |
| De | ebtor 1 | Kenyata Patrice | | iddle Name | Last Na | ime | | | |
| 1 - | ebtor 2 | | | | | | | | |
| (Sp | ouse if, filing) | First Name | М | iddle Name | Last Na | me | | | |
| Un | ited States Bar | nkruptcy Court for the | NORT | HERN DISTRICT (| OF INDIANA | | | | |
| | se number _ | | | | | | | | |
| (If k | nown) | | | | | | | _ | heck if this is an nended filing |
| | | | | | | | | aı | nended ming |
| O^{\dagger} | fficial Fo | rm 107 | | | | | | | |
| | | of Financial | Affairs | s for Individ | duals Fi | ing for E | Bankruptcy | | 4/1 |
| info | ormation. If m mber (if knowr | nd accurate as poss ore space is needed n). Answer every que | , attach a sestion. | separate sheet to | this form. O | n the top of ar | | | |
| Pa | • | etails About Your M | | us and Where You | ı Lived Befor | <u>e</u> | | | |
| 1. | What is your | current marital stat | us? | | | | | | |
| | ☐ Married | | | | | | | | |
| | Not mar | ried | | | | | | | |
| 2. | During the la | ast 3 years, have you | lived any | where other than | where you li | ve now? | | | |
| | □ No | | | | | | | | |
| | Yes. Lis | t all of the places you | lived in the | e last 3 years. Do no | ot include wh | ere you live no | w. | | |
| | Debtor 1 Pr | ior Address: | | Dates Debtor 1 lived there | De | btor 2 Prior A | ddress: | | Dates Debtor 2 lived there |
| | | olhouse Rd., Apt. each, VA 23464 | 204 | From-To: June 2018 to Nov. 2018 | | Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| | 40905 Den Virginia Be | ny Drive each, VA 23464 | | From-To: 2016 until Jun 2018 | | Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| 3. stat | | i st 8 years, did you e es include Arizona, C | | | | | | | ? (Community property isconsin.) |
| | ■ No | | | | | | | | |
| | ☐ Yes. Ma | ke sure you fill out So | hedule H: | Your Codebtors (Of | fficial Form 1 |)6H). | | | |
| Pa | rt 2 Explai | n the Sources of Yo | ur Income | | | | | | |
| 4. | Fill in the tota | e any income from e | ou received | d from all jobs and a | all businesses | s, including par | t-time activities. | ious calen | dar years? |
| | _ | ig a joint case and you | a nave IIICO | mie mat you receive | o together, lis | th only office u | muei Debiui I. | | |
| | □ No | | | | | | | | |
| | ■ Yes. Fill | in the details. | | | | | | | |
| | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | s of income Il that apply. | Gross ind (before de exclusions | ductions and | Sources of incor Check all that app | | Gross income (before deductions and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case number (if known)

| | Debtor 1 | | Debtor 2 | | | |
|--|---|---|--|---|--|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| From January 1 of current year until the date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$2,030.91 | ☐ Wages, commissions, bonuses, tips | | | |
| | ☐ Operating a business | | ☐ Operating a business | | | |
| For last calendar year: (January 1 to December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$20,116.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | ☐ Operating a business | | ☐ Operating a business | | | |
| For the calendar year before that: (January 1 to December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$19,990.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | ☐ Operating a business | | ☐ Operating a business | | | |
| Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployme and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotte winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | |
| | Debtor 1 | | Debtor 2 | | | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | | |
| From January 1 of current year until the date you filed for bankruptcy: | Non-Employment Income 2014 year to date -Child Support, Alimony, Maintenance -Unempoyment Compensation -Social Security Income -Gambling Income | \$3,888.00 | | | | |
| For last calendar year: (January 1 to December 31, 2018) | Non-Employment Income 2013 -Child Support, Alimony, Maintenance -Unempoyment Compensation -Social Security Income -Gambling Income | \$3,128.00 | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 43 of 60

| Del | otor 1 | Kenyata P | atrice Barnes | | Cas | se number (if known) | |
|-----|---------------------|-------------------------------|--|---|--|---|--|
| | | | | | | | |
| Par | t 3: | ist Certain | Payments You Made Be | efore You Filed for Bankru | ıptcy | | |
| 6. | _ | o. Neither | Debtor 1 nor Debtor 2 l | primarily consumer debts has primarily consumer de I, family, or household purpo | ebts. Consumer deb | ts are defined in 11 | U.S.C. § 101(8) as "incurred by an |
| | | | • | | | | |
| | | During t | al of \$6,825* or mo | re? | | | |
| | | ☐ Yes | yments and the total amount you | | | | |
| | | * Subje | not include payments | o not include payments for d s to an attorney for this ban 22 and every 3 years after t | kruptcy case. | | nild support and alimony. Also, do of adjustment. |
| | ■ Ye | | | ave primarily consumer de ed for bankruptcy, did you p | | al of \$600 or more | ? |
| | | □ _{No} | . Go to line 7. | | | | |
| | | ■ Yes | s List below each cred | r domestic support obligatio | | | you paid that creditor. Do not Also, do not include payments to an |
| | Credit | tor's Name | and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | Exete | er Finance | Corp | Scheduled | \$1,350.00 | \$15,376.00 | ☐ Mortgage |
| | | ox 166008 | 6 | Monthly | | | ■ Car |
| | ırvınç | g, TX 75010 | 0 | Installments of \$450.00 | | | ☐ Credit Card |
| | | | | 4 100100 | | | Loan Repayment |
| | | | | | | | ☐ Suppliers or vendors☐ Other |
| 7. | Insidera of whic | s include you h you are an | ur relatives; any general p n officer, director, person i | in control, or owner of 20% of | neral partners; partners or more of their voting | erships of which yog g securities; and a | was an insider? but are a general partner; corporations but are a general partner; corporations but are a general partner; corporations but are as child support and |
| | alimony | | | , | , | | э, элэг эл |
| | ■ No | - | | | | | |
| | | | ayments to an insider. | Dates of payment | Total amount | Amount you | Reason for this payment |
| | IIISIUE | ii S Maille ai | iu Address | Dates of payment | paid | Amount you still owe | Reason for this payment |
| 8. | insider | ? | | | yments or transfer a | any property on a | ccount of a debt that benefited an |
| | include | payments c | on debts guaranteed or co | osigned by an insider. | | | |
| | ■ No | 0 | | | | | |
| | | | ayments to an insider | | | | |
| | Inside | er's Name au | nd Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Par | t 4: | dentify Leg | al Actions, Repossession | ons, and Foreclosures | | | |
| 9. | List all | such matters | | otcy, were you a party in a y cases, small claims action | | | |
| | ■ No | o es. Fill in the | details. | | | | |
| | Case | | | Nature of the case | Court or agency | | Status of the case |
| | Case | number | | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 44 of 60

| Debtor 1 | Kenyata Patrice Barnes | | Case number (i | f known) | |
|---------------------------|--|-----------------------|---|---|---------------------------|
| 10 W itt | nin 4 year hefere you filed for healer | intov w | as any of your property repossed foreslessed | garnighed attaches | Logizad or loviad? |
| | ck all that apply and fill in the details be | | as any of your property repossessed, foreclosed, | garnisned, attached | i, seizea, or ieviea? |
| | No. Go to line 11. | | | | |
| | Yes. Fill in the information below. | | | | |
| Cre | editor Name and Address | De | scribe the Property | Date | Value of the property |
| | | Ex | plain what happened | | |
| | nin 90 days before you filed for bank ounts or refuse to make a payment b No | | did any creditor, including a bank or financial inst you owed a debt? | itution, set off any a | mounts from your |
| _ | | | | | |
| _ | Yes. Fill in the details. | | | | |
| Cre | editor Name and Address | De | scribe the action the creditor took | Date action was taken | Amount |
| 12. Witl cou | ssignee for the bene | fit of creditors, a | | | |
| | Yes | | | | |
| Part 5: | List Certain Gifts and Contribution | าร | | | |
| 13. Witl | nin 2 years before you filed for bank No | ruptcy, o | did you give any gifts with a total value of more th | an \$600 per person? | • |
| | Yes. Fill in the details for each gift. | | | | |
| | ts with a total value of more than \$66 person | 00 | Describe the gifts | Dates you gave the gifts | Value |
| | rson to Whom You Gave the Gift and dress: | ı | | | |
| 14. Witl | hin 2 years before you filed for bank No | ruptcy, d | did you give any gifts or contributions with a total | value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or | contribut | ion. | | |
| Gif | ts or contributions to charities that | | Describe what you contributed | Dates you | Value |
| mo | re than \$600 arity's Name | lotui | Describe what you contributed | contributed | Value |
| Ad | dress (Number, Street, City, State and ZIP Cod | e) | | | |
| Part 6: | List Certain Losses | | | | |
| | nin 1 year before you filed for bankru ambling? | ıptcy or | since you filed for bankruptcy, did you lose anyth | ning because of thef | t, fire, other disaster |
| | No | | | | |
| _ | Yes. Fill in the details. | | | | |
| _ | | D | the annual control of the land | Data afarras | Malara at annon anto |
| | scribe the property you lost and withe loss occurred | Include | the any insurance coverage for the loss the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Part 7: | List Certain Payments or Transfer | s | | | |
| con | nin 1 year before you filed for bankru sulted about seeking bankruptcy or | ıptcy, di preparii | id you or anyone else acting on your behalf pay or ng a bankruptcy petition? s, or credit counseling agencies for services required | | ty to anyone you |
| | No | | | | |
| _ | Yes. Fill in the details. | | | | |
| - Do | | | Description and value of any property | Data navment | Amaiint at |
| Ad Em | rson Who Was Paid dress aail or website address rson Who Mado the Paymont, if Not Y | Vou: | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Pei Official Fo | rson Who Made the Payment, if Not ` rm 107 | | of Financial Affairs for Individuals Filing for Bankruptcy | | page |

Debtor 1 Kenyata Patrice Barnes

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and transferred | value of any prope | rty | Date payment or transfer was made | Amount of payment |
|-----|--|--|---|----------------|--|---|
| | Law Offices of Moseley & Martinez, LLC 1559 E 85th Ave Merrillville, IN 46410 office@mm-bklaw.com Hyatt Legal Plan | | | | 3/21/2019 | \$375.00 |
| | Debtorcc, Inc. 378 Summit Avenue. Jersey City, NJ 07306 https://debtorcc.org N/A | Pre-Filing Cred (\$14.95) | it Counseling Co | ourse(s) | March 21, 2019 | \$14.95 |
| | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you No | s or to make payment | | | r transfer any propo | erty to anyone who |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and transferred | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankruptor transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial aff de as security (such as | airs? the granting of a se | | | |
| | Person Who Received Transfer Address | | property transferred | | any property or received or debts change | Date transfer was made |
| | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No Yes. Fill in the details. | | ny property to a se | lf-settled tru | st or similar device | of which you are a |
| | Name of trust | Description and | value of the proper | rty transferre | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Depos | t Boxes, and Stora | age Units | | muuc |
| | NACTOR Assessment of the second control of t | | | | | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No | other financial accou | nts; certificates of | | | , |
| | | Last 4 digits of account number | Type of account instrument | clo | te account was sed, sold, ved, or | Last balance before closing or transfer |
| | | | | trai | nsferred | |

| Debtor 1 | Kenyata | a Patrice | Barnes |
|----------|----------|------------|---------|
| 000001 | INCIIVAL | i i aliice | Dailles |

Case number (if known)

| 21. | | you now have, or did you have within 1 year h, or other valuables? | before you filed for bankruptcy, a | ny s | afe deposit box or other deposito | ory for securities, | | | |
|-----|--------|--|---|-------|------------------------------------|-----------------------|--|--|--|
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution Idress (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | De | scribe the contents | Do you still have it? | | | |
| 22. | Hav | ve you stored property in a storage unit or pl | ace other than your home within 1 | yea | ar before you filed for bankruptcy | ? | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of Storage Facility Idress (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | De | escribe the contents | Do you still have it? | | | |
| Pai | rt 9: | Identify Property You Hold or Control for | Someone Else | | | | | | |
| 23. | | you hold or control any property that someo someone. | one else owns? Include any proper | ty yo | ou borrowed from, are storing for | , or hold in trust | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | _ | vner's Name Idress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | | | |
| Pai | rt 10: | Give Details About Environmental Informa | ation | | | | | | |
| For | the p | purpose of Part 10, the following definitions | apply: | | | | | | |
| | toxi | vironmental law means any federal, state, or ic substances, wastes, or material into the a ulations controlling the cleanup of these sul | ir, land, soil, surface water, ground | _ | • | | | | |
| | | e means any location, facility, or property as own, operate, or utilize it, including disposal | • | law, | whether you now own, operate, o | or utilize it or used | | | |
| | | zardous material means anything an environ ardous material, pollutant, contaminant, or s | | wa | ste, hazardous substance, toxic s | substance, | | | |
| Rep | ort a | all notices, releases, and proceedings that yo | ou know about, regardless of wher | 1 the | ey occurred. | | | | |
| 24. | Has | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| | | | | | | | | | |

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 47 of 60

| De | btor 1 | Kenyata Patrice Barnes | | Case number (if known) | | | | | | | |
|---------------------|-----------------------------|---|--|--|--------------------|--|--|--|--|--|--|
| | | | | | | | | | | | |
| 26. | Have | you been a party in any judicial or ad | Iministrative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | |
| Pai | rt 11: | Give Details About Your Business or | r Connections to Any Business | | | | | | | | |
| 27. | With | in 4 years before you filed for bankrup | otcy, did you own a business or have an | y of the following connections to ar | ny business? | | | | | | |
| | | ☐ A sole proprietor or self-employed | in a trade, profession, or other activity, | either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability com | pany (LLC) or limited liability partnershi | ip (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | | | |
| | | ☐ An owner of at least 5% of the voti | ng or equity securities of a corporation | | | | | | | | |
| | | No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | _ | | II in the details below for each business | . | | | | | | | |
| | | iness Name | Describe the nature of the business | Employer Identification numb | er | | | | | | |
| | | ress ber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security | number or ITIN. | | | | | | |
| | | | · | Dates business existed | | | | | | | |
| 28. | | in 2 years before you filed for bankrup utions, creditors, or other parties. | otcy, did you give a financial statement t | o anyone about your business? Inc | lude all financial | | | | | | |
| | | No | | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | | |
| | | ICE FESS ber, Street, City, State and ZIP Code) | Date Issued | | | | | | | | |
| Pai | rt 12: | Sign Below | | | | | | | | | |
| are with 18 U | true a n a baı J.S.C. | nd correct. I understand that making a | inancial Affairs and any attachments, an a false statement, concealing property, o \$250,000, or imprisonment for up to 20 | or obtaining money or property by f | | | | | | | |
| Ke | nyata | Patrice Barnes | Signature of Debtor 2 | | | | | | | | |
| Sig | ınatur | e of Debtor 1 | | | | | | | | | |
| Da | te A | pril 10, 2019 | Date | | | | | | | | |
| | No | ttach additional pages to <i>Your Statem</i> | ent of Financial Affairs for Individuals F | Filing for Bankruptcy (Official Form | 107)? | | | | | | |
| | | | | | | | | | | | |
| Did ■ N | | ay or agree to pay someone who is no | ot an attorney to help you fill out bankru | ptcy forms? | | | | | | | |
| | | ame of Person Attach the Bankr | ruptcy Petition Preparer's Notice, Declaration | on, and Signature (Official Form 119). | | | | | | | |
| | | | | , | | | | | | | |

| Fill in this inform | ation to identify your o | case: | | | |
|---------------------------------------|---|---------------------|--|--------------------------------|--|
| Debtor 1 | Kenyata Patrice B | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | NORTHERN DIST | RICT OF INDIANA | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| O#: a: a! Fa # | 100 | | | | |
| Official For | | | | | _ |
| Statemen | t of Intentio | n for Indiv | iduals Filing U | nder Chapter | 12/15 |
| If you are an indiv | ridual filing under chap | nter 7 vou must fil | out this form if: | | |
| | claims secured by you | - | out tino form ii. | | |
| you have lease | d personal property a | nd the lease has n | ot expired. | | |
| | er is earlier, unless th | | | | for the meeting of creditors, creditors and lessors you list |
| | ople are filing together I date the form. | in a joint case, bo | th are equally responsible f | or supplying correct info | rmation. Both debtors must |
| | nd accurate as possib ur name and case nun | | needed, attach a separate | sheet to this form. On the | e top of any additional pages, |
| Port 1: List Vo | ur Creditors Who Have | Secured Claims | | | |
| | | | | | |
| 1. For any credito information bel | | rt 1 of Schedule D | : Creditors Who Have Claim | is Secured by Property (C | Official Form 106D), fill in the |
| Identify the cree | ditor and the property th | nat is collateral | What do you intend to do secures a debt? | with the property that | Did you claim the property as exempt on Schedule C? |
| Creditor's Ex | eter Finance Corp | | ☐ Surrender the property. | | □No |
| name: | | | Retain the property and | d redeem it. | ■ Yes |
| Description of | 2016 Hyundai Sona | ata 42150 | Retain the property and | | ■ Yes |
| property | miles | | Reaffirmation Agreeme Retain the property and | | |
| securing debt: | Lien Held by Exete Value based on ww | | | | |
| | (Good Condition) | | | | |
| | Location: 233 Bead Unit 1, Munster IN | | | | |
| | ome i, manotor me | 10021 | | | |
| | ur Unexpired Personal | | in Schedule G: Evecutory (| Contracts and Unavnired | Leases (Official Form 106G), fill |
| in the information | below. Do not list rea | l estate leases. Un | | hat are still in effect; the l | ease period has not yet ended. |
| Describe your un | expired personal prop | erty leases | | v | Vill the lease be assumed? |
| Lessor's name: | | | | r | J. No. |
| Description of leas | sed | | | L | □ No |
| Property: | | | | С | ☐ Yes |
| Lessor's name: | | | | Г | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

Case 19-20916-jra Doc 1 Filed 04/10/19 Page 49 of 60

| Deb | otor 1 | Kenyata Patrice Barnes | Case number (if known) |
|-------------|---------------------------------|--|---|
| | scription perty: | n of leased | ☐ Yes |
| Des | sor's na scription perty: | ame: n of leased | □ No □ Yes |
| Des | sor's na scription perty: | ame: n of leased | □ No □ Yes |
| Des | sor's na scription perty: | ame: n of leased | □ No □ Yes |
| Des | sor's na scription perty: | ame: n of leased | □ No □ Yes |
| Des | sor's na scription perty: | ame: n of leased | □ No □ Yes |
| Part | t 3: | Sign Below | |
| Und prop | er pen erty th | alty of perjury, I declare that I have indicated at is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
| X | Keny | enyata Patrice Barnes vata Patrice Barnes ture of Debtor 1 | Signature of Debtor 2 |
| | Date | April 10, 2019 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

| In re | e Kenyata Patrice Barnes | | Case No. | | |
|-------|---|--|--|--------------------------------------|----|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF CO | OMPENSATION OF ATTOR | NEY FOR D | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contemporary. | e the filing of the petition in bankruptcy, | or agreed to be paid | d to me, for services rendered or to |) |
| | For legal services, I have agreed to accept | | \$ | 900.00 | |
| | Prior to the filing of this statement I have r | eceived | \$ | 0.00 | |
| | Balance Due | | \$ | 900.00 | |
| 2. | The source of the compensation paid to me was | : | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ☐ Debtor ☐ Other (specify): | Hyatt Legal Plan 1111 Superior Avenue, Suite 800 Cleveland, OH 44114 | | | |
| 4. | ■ I have not agreed to share the above-disclos | sed compensation with any other person u | inless they are men | nbers and associates of my law firm | m. |
| | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list of | | | | |
| 5. | In return for the above-disclosed fee, I have agr | reed to render legal service for all aspects | of the bankruptcy | case, including: | |
| | | ules, statement of affairs and plan which of creditors and confirmation hearing, and cors to reduce to market value; exemplications as needed; preparation | may be required; d any adjourned her mption planning | arings thereof; | |
| 6. | By agreement with the debtor(s), the above-disc Representation of the debtors in any other adversary proceeding. | any dischargeability actions, judio | service: cial lien avoidand | ces, relief from stay actions c |)r |
| | | CERTIFICATION | | | _ |
| | I certify that the foregoing is a complete statement bankruptcy proceeding. | ent of any agreement or arrangement for | payment to me for | representation of the debtor(s) in | |
| _ | April 10, 2019 | /s/ Miguel F. Marti | | | |
| 1 | Date | Miguel F. Martinez Signature of Attorney | | | |
| | | Law Offices of Mo | | z, LLC | |
| | | 1559 E. 85th Ave. Merrillville, IN 464 | 10 | | |
| | | 219-472-8391 Fax | c: 219-472-8394 | | |
| | | office@mm-bklaw Name of law firm | .com | | |
| | | itanie oj iaw jiim | | | |

| (6/2010) | United States Bankruptcy Co Northern District of Indiana | urt | |
|---|---|---------------------|------------------------------|
| In re Kenyata Patrice Barnes | Debtor(s) | Case No. Chapter | 7 |
| VERIF | ICATION OF CREDITOR | | |
| The above-named debtor(s) verifies under his/her knowledge. | er penalty of perjury that the attached list | of creditors is tru | e and correct to the best of |
| Date: April 10, 2019 | /s/ Kenyata Patrice Barnes Kenyata Patrice Barnes | | |

Signature of Debtor

AD ASTRA RECOVERY
7330 WEST 33RD STREET NORTH
SUITE 118
WICHITA, KS 67205

ADVANCE 24/7 3975 HIXSON PIKE CHATTANOOGA, TN 37415

ADVANCE AMERICA 1642 E. 80TH AVE MERRILLVILLE, IN 46410

ADVANCED TECHNOLOGY INSITITUTE 944 SCOTT ST NORFOLK, VA 23502

BAKER ONLINE C/O MMCC 6324 TAYLOR DR. FLINT, MI 48507

CENTURA COLLEGE 932 VENTURES WAY CHESAPEAKE, VA 23320

CHECK INTO CASH 423 81ST AVE MERRILLVILLE, IN 46410

CHESAPEAKE TOLLS 306 CEDAR ROAD CHESAPEAKE, VA 23322

COMMUNITY HEALTH CENTER 3900 CALHOUN ST GARY, IN 46408 CONSERVE ATTN: BANKRUPTCY DEPT 200 CROSSKEYS OFFICE PARD FAIRPORT, NY 14450

COOK COUNTY HEALTH CENTER 2423 S. AUSTIN BLVD. CICERO, IL 60804

CREDIT CONTROL CORP PO BOX 120568 NEWPORT NEWS, VA 23612

DEBT RECOVERY SOLUTION ATTN: BANKRUPTCY 6800 JERICHO TURNPIKE SUITE 113E SYOSSET, NY 11791

DOES THE DEBTOR OWE CHILD SUPPORT?

EXETER FINANCE CORP PO BOX 166008 IRVING, TX 75016

FUTR CORP 3833 S TEXAS AVE BRYAN, TX 77802

GOOGLE PAY 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043

INDIANA DEPARTMENT OF REVENUE PO BOX 0595 INDIANAPOLIS, IN 46206

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101

IRS
CENTRALIZED INSOLVENCY OPERATION
PO BOX 21126
PHILADELPHIA, PA 19114-0326

NAVY FCU ATTN: BANKRUPTCY PO BOX 3000 MERRIFIELD, VA 22119

NAVY FCU ATTN: BANKRUPTCY PO BOX 3000 MERRIFIELD, VA 22119

OFFICE OF THE UNITED STATES ATTORNEY 5440 FEDERAL PLAZA SUITE 1500 HAMMOND, IN 46320

ONWARD CREDIT 200 W. JACKSON BLVD. STE 500 CHICAGO, IL 60606

PROGRESSIVE LEASING P.O. BOX 413110 SALT LAKE CITY, UT 84141

SECURITY FINANCE ATTN: BANKRUPTCY PO BOX 1893 SPARTANBURG, SC 29304

SPEEDY CASH 848 E SIBLEY BLVD DOLTON, IL 60419 SPRINT 6480 SPRINT PKWY OVERLAND PARK, KS 66251

TALLWOOD APARTMENTS 5705 SCHOOLHOUSE RD. VIRGINIA BEACH, VA 23464

UNITED STATES ATTORNEY GENERAL 950 PENNSYLVANIA AVE., NW WASHINGTON, DC 20530-0001

US DEPT OF EDUCATION ATTN: BANKRUPTCY PO BOX 16448 SAINT PAUL, MN 55116

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US DEPT OF EDUCATION ATTN: BANKRUPTCY PO BOX 16448 SAINT PAUL, MN 55116 US DEPT OF EDUCATION ATTN: BANKRUPTCY PO BOX 16448 SAINT PAUL, MN 55116

US DEPTARTMENT OF EDUCATION/GREAT LAKES ATTN: BANKRUPTCY PO BOX 7860 MADISON, WI 53707

VDOT CENTRAL OFFICE 1401 E. BROAD ST. RICHMOND, VA 23219

VERIZON VERIZON WIRELESS BK ADMIN 500 TECHNOLOGY DR STE 550 WELDON SPRINGS, MO 63304

WOODFOREST NATIONAL BANK P.O. BOX 7889 SPRING, TX 77387

XFINITY 3199 E. LINCOLN HWY MERRILLVILLE, IN 46410